



Director's Desk

Christina R. Ghaly, M.D.
Acting Director

I'm writing to you at the end of an activity-filled Thanksgiving weekend with my four young kids — Cayna, Jacob, Eli, and Sarah. It has been fantastic having the slightly cooler temperatures at weekend sports events, seeing the joy in my children as they notice nature's hints of Fall, and of course sharing time with friends and family at Thanksgiving. As I think about Fall, the season for change and renewal, I see similarities with the season DHS finds itself in now. With Dr. Katz's planned departure to New York, I am privileged to be serving as your Acting Director, in addition to my permanent role as the DHS Chief Operations Officer. I see my role as ensuring we continue the good work we all have been committed to these past several years. We have much to be proud of, and still much to do. While Dr.

Katz's departure in one sense represents change, the mission of the organization is the same: "To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners." We will continue to grow and enhance our services and programs so we can serve more patients. We will continue to work so that each and every patient receives outstanding clinical care and customer service. We will continue to improve the ways we engage with you, our valued staff: listening to your ideas, demonstrating our appreciation for your hard work, allowing you, who are the experts in doing the work, to take a leading role in improving what we do every day. We need you to be an active part of our ongoing transformation. You have my commitment these will remain primary focus areas for DHS. During this holiday season, I extend to you my sincere thanks for all you do to serve patients and staff across DHS. Your hard work, positive attitude, and commitment to collaboration are appreciated and essential. May the season be a time of rest, peace, and gratitude for all of us.

In This Issue

- LAC+USC Remodels High-Volume Clinic
- Michael Owens, M.D., Appointed Director of Managed Care
- PRIME Snapshot
- PRIME Perspectives
- Diabetes Symposium Draws Providers
- Olive View Establishes Embolism Protocol
- Donate Your Time to Hurricane Relief
- LA County Charitable Giving Campaign

LAC+USC Remodels High-Volume Clinic

By Michael Wilson

A \$4 million, floor-to-ceiling remodel of an Adult Medicine clinic was unveiled in October. The redo features design elements endorsed by primary care professional societies for optimal delivery of patient-centered care.

The space now boasts 13,000 square feet of interior modifications to the 1960's-era Outpatient (OPD) Building. Crews tore down a concrete wall that divided the clinic into two sections and restricted flow. Metal slide doors were replaced. Now the space incorporates glass, curved walls and a new color palette that has radically opened and lightened up the area. Exam rooms were gained and consultation, group clinic, and provider charting rooms added.

L.A. County Supervisor Hilda Solis said the clinic rivaled anything patients would find in the private sector and will bring enhanced delivery of primary care services to more than 30,000 patients every year. "Today's success is part of my broader vi-

sion of a more integrated approach to health and wellness here at LAC+USC that benefits not only patients, but also the larger community."

Health Agency director Dr. Mitch Katz said DHS always provided great care, but facilities didn't always look that great. The new clinic would change perceptions of County-delivered health care and elevate the importance of primary care. "This clinic is a perfect example of the transformation work we have undertaken in DHS under health care reform to place the patient at the very center of the care team."



Michael Owens, M.D., Appointed Director of Managed Care



Dr. Michael Owens has been appointed director of Managed Care Services, a role he has held in an interim capacity since May 2017. He joined the department in 2016.

As director, he will continue to build relationships with health plan partners and lead such functions as utilization management and quality improvement. He will also oversee the My Health LA program.

Prior to joining DHS, Owens spent more than 30 years as a physician executive in various private health care organizations serving in both clinical and operational roles. He has also held clinical and executive leadership roles within hospitals, ambulatory care systems and Federally Qualified Health Centers.

Owens is a former commissioned officer in the United States Public Health Services, a Vanguard Fellow of the American College of Physician Leaders, and a Certified Physician Executive. He is a Board-certified internal medicine physician and sees patients in the Transitions Clinic at the MLK Outpatient Center.

PRIME Snapshot

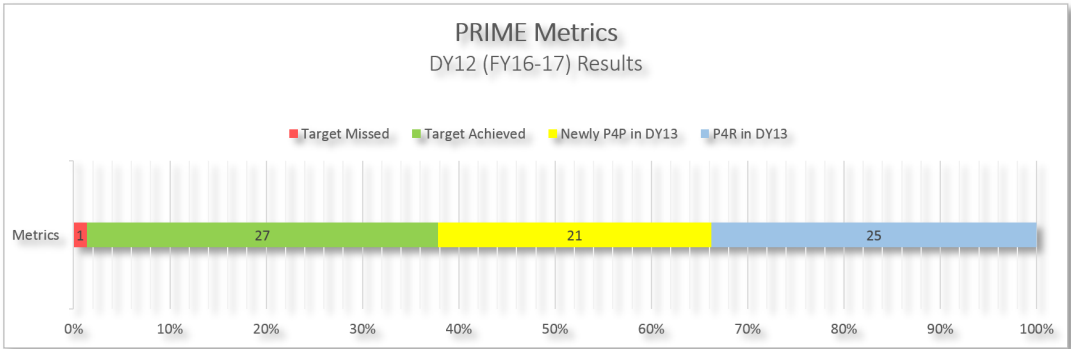
PRIME Metrics by Result Status

DY11: FY15-16

DY12: FY16-17

DY13: FY17-18

DY12 Target Missed (N=1)				
PRIME ID#	Metric Title	DY11	DY12	DY13 Target
1.6.3	Cervical Cancer Screening	34.24	42.86	48.34
DY12 Target Achieved (N=27)				
PRIME ID#	Metric Title	DY11	DY12	DY13 Target
1.1.3.d*	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (Physical & Behavioral Health)	29.34	27.38	29.36
1.1.6.f	Tobacco Assessment and Counseling (Physical & Behavioral Health)	70.57	87.48	88.35
1.2.2	CG-CAHPS: Provider Rating	60.91	74.01	71.48
1.2.3.c	Colorectal Cancer Screening	62.22	67.14	65.71
1.2.4.d*	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (Primary Care)	29.34	27.38	29.36
1.2.5.b	Controlling High Blood Pressure (Primary Care)	63.92	69.58	69.66
1.2.7.i	Ischemic Vascular Disease (IVD): Use of Aspirin /Antithrombotic	81.12	83.53	84.35
1.2.11	REAL data completeness	0	72.67	40.00
1.2.14.t	Tobacco Assessment and Counseling (Primary Care)	70.57	87.48	88.35
1.3.2*	DHCS All-Cause Readmissions – Statewide (Specialty Care)	13.08	12.76	12.90
1.3.7	Tobacco Assessment and Counseling (Specialty Care)	77.73	90.62	91.18
1.4.2	Annual Monitoring for Patients on Persistent Medications	82.51	93.29	85.63
1.6.2	Breast Cancer Screening	60.31	68.63	68.91
1.6.4. c	Colorectal Cancer Screening	62.22	67.14	65.71
1.7.1	BMI Screening and Follow-up	32.49	56.79	60.02
1.7.2	Hospital Healthy Food Initiative	0/8 Met	4/8 Met	5/8 Met
1.7.3	Weight Assess & Counsel for Child/Adolescents - BMI	45.56	95.26	86.37
1.7.3	Weight Assess & Counsel for Child/Adolescents -Nut	34.60	67.71	68.89
1.7.3	Weight Assess & Counsel for Child/Adolescents - Physical Activity	26.02	65.81	66.39
2.1.1	Baby Friendly Hospital Designation	3 of 3	3 of 3	3 of 3
2.1.2	Exclusive Breast Milk Feeding	41.52	50.28	53.90
2.1.5*	Cesarean Section	24.76	24.09	23.29
2.1.9	Hemorrhage Safety Bundle	56.25	68.75	100
2.2.1*	DHCS All-Cause Readmissions (Post-Acute Care)	12.77	12.61	12.90
2.2.2	H-CAHPS: Care Transition Metrics	56.05	57.51	57.86
2.5.2	Controlling High Blood Pressure (Post Incarceration)	36.00	62.15	62.98
2.5.5	Tobacco Assessment and Counseling (Post Incarceration)	58.73	79.25	80.95
2.7.2	Ambulatory Palliative Team Established	No	Yes	Yes
3.1.1	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	34.27	29.93	30.81
Newly Pay-for-Performance (P4P) in DY13 (N=21)				
PRIME ID#	Metric Title	DY11	DY12	DY13 Target
1.1.2	Care Coordinator Assignment (Physical & Behavioral Health)	0	0	15.00
1.1.4	Depression Remission at 12 Months (Physical & Behavioral Health)	28.57	26.30	10.00
1.1.5.f	Screening for Clinical Depression and follow-up (Physical & Behavioral Health)	84.35	79.33	79.85
1.2.10	REAL and/or SO/GI Disparity Reduction	NA	NA	TBD
1.2.12.f	Screening for Clinical Depression and follow-up (Primary Care)	84.35	79.33	79.85
1.2.13	SO/GI Completeness	NA	0	10.00
1.3.1	Closing the referral loop: receipt of specialist report	87.61	73.52	74.49
1.3.3	Influenza Immunization	36.33	56.85	57.57
1.4.3	INR Monitoring for Individuals on Warfarin	61.01	88.37	79.00
2.1.6	Prenatal and Postpartum Care (Prenatal)	49.20	86.48	86.93
2.1.6	Prenatal and Postpartum Care (Postpartum)	36.35	57.57	59.18
2.2.3	Medication Reconciliation – 30 days (Post-Acute Care)	28.91	54.63	59.07
2.2.4	Reconciled Medication List Received by Discharged Patients	58.60	77.72	62.90
2.2.5	Timely Transmission of Transition Record (Post-Acute Care)	0	19.31	27.28
2.3.1	Care Coordinator Assignment (Complex Care Management)	0	0	15.00
2.3.2	Medication Reconciliation – 30 days (Complex Care Management)	25.46	57.94	62.05
2.3.4	Timely Transmission of Transition Record (Complex Care Management)	0	19.61	27.55
2.5.4	Screening for Clinical Depression and follow-up (Post Incarceration)	70.97	65.38	67.30
2.7.1	Advance Care Plan	97.48	98.88	98.89
2.7.3	MWM#8-Treatment Preferences (Inpatient)	36.00	79.13	79.02
2.7.6*	Proportion Admitted to Hospice for Less Than 3 Days	15.63	14.51	13.06
3.1.5*	Reduction in Hospital Acquired Clostridium Difficile Infections	0.78	0.85	0.845
Pay-for-Reporting (P4R) in DY13 (N=25)				
*The rate of this metric is lower the better.				



PRIME Perspectives

By Paul Giboney, M.D.

DHS recently finished its second year of PRIME - the five year, patient care improvement program that is a part of California's recently renewed Section 1115 Medi-Cal Waiver, known as "Medi-Cal 2020". PRIME directs public health care systems to use evidence-based quality improvement methods to achieve ambitious year-over-year performance targets.

PRIME is categorized into three domains:

- 1. Outpatient Delivery System Transformation and Prevention
- 2. Targeted High Risk or High Cost Populations
- 3. Resource Utilization Efficiency

Within these three domains, DHS selected 13 projects - with a total of 74 measures - to be a part of its five-year PRIME plan. In each PRIME year, each measure is designated as either "Pay for Reporting" or "Pay for Performance". DHS achieved 96% of the "Pay for Performance" targets in this reporting year. When combined with the funds received for "Pay for Reporting" measures and incentives for over-performance, we expect to receive in excess of 99% of all available federal funds this year. However, beyond the critical funding PRIME represents, is the even more important improvement in care for our patients that is evident in our performance. For example, 2,500 more patients received Colon Cancer Screening this year than last year. Our "top box" CG-CAHPS Provider Rating (patient satisfaction) increased from 60 - 74% and our screening and counseling for Tobacco Use improved from 70% to 87% this year. It has been clear from the beginning, that such improvement in patient care is the

result of efforts from the outstanding individuals and teams across our system. Contributions from medical providers, nursing, IT, data analytics, quality and facility/ACN leadership are too numerous to count. We have also benefitted from our investments in patient care tools like ORCHID, eConsult, DHS-wide workgroups and Expected Practices. We expect that the recently launched population management/empanelment platform, ELM, will be a key factor in our continued care improvement efforts. We are already well underway with the third PRIME performance year which adds another 21 "Pay for Performance" metrics. We are looking forward to this new PRIME year and are grateful for everyone's diligent care improvement efforts.

Around DHS



L.A. County Supervisor Mark Ridley-Thomas (center) joined leaders of the L.A. County Health Agency for the launch of the Center for Health Equity (CHE) on October 10 at the Dollarhide Community Center. The aim is to ensure all individuals have access to opportunities and resources needed for optimal health and well-being by advancing racial, social and environmental justice. The event kicked off a series of listening sessions hosted by the Department of Public Health to seek input from community members and partners. (Pictured left to right) Christina Ghaly, MD, Acting Director, Department of Health Services, Mitchell Katz, MD, Director, Los Angeles County Health Agency, Barbara Ferrer, PhD, MPH, MEd, Director, Los Angeles County Department of Public Health, and Jonathan E. Sherin, MD, PhD, Director, Los Angeles County Department of Mental Health.

Diabetes Symposium Draws Providers

By Michael Wilson

Physicians across DHS attended the department's annual Diabetes Day on October 2. The event features a range of speakers on disease trends and management. Main topics included the future of diabetes and the Harvard University Joslin Diabetes Center approach to diabetes care in patient-centered medical homes (PCMHs). Breakout sessions provided deep dives on obesity group visits, reaching the 'hard to reach,' incorporating social determinants of health into diabetes care, and use of the Empaneled Life Management (ELM) platform. "The epidemic of diabetes and its complications is real and will continue to strain DHS in the future," said MLK Outpatient Center endocrinologist and conference lead Theodore Friedman, M.D., Ph.D. "The aim of the conference is to provide a venue to share system best practices, diverse perspectives, and multi-angled approaches to disease management."

Friedman said health system goals are to improve diabetes care in the medical home, roll out 'train the trainer' programs so all care team providers learn how to deal with diabetes, increase meaningful touches with patients, expand diabetes protocols to all providers, and expand an obesity curriculum building on successes with group visit formats. Diabetes expert Anne Peters, M.D., discussed disruptive technologies and the explosion of mobile devices in diabetes care. "Everything has changed in the world of diabetes. We need apps that engage patients but also change behavior. The good ones connect users to care where there is feedback back to the patient." She noted the burden technology places on providers when apps connected to wearable devices can send streams of data to providers and medical offices 24/7. "When I have hundreds of patients and work 12 hours a day, am I responsible for data being sent to my computer that shows a patient may be having a glycemic episode I don't know about?" she asked. Joslin Center chief medical officer Robert Gabbay, M.D., shared a 4-step counseling



A Zumba break energized participants at the DHS Diabetes Day held at the California Endowment.

style that can help change patient behavior and increase the probability of treatment compliance. The steps include asking permissions, forming open-ended questions, building self-efficacy affirmations, and supporting importance and confidence. Videos from the conference can be found [here](#).

Olive View Establishes Embolism Protocol

By Michael Wilson

A multidisciplinary team has introduced a targeted therapy for patients at elevated risk of death from pulmonary embolism. The procedure involves inserting a catheter to deliver clot-busting medications directly into the lungs paired with ultrasound nodes that help dissolve the clot. Physicians from the Emergency, Pulmonology and Cardiology Departments developed the expected practice.

Acute pulmonary embolism is a blockage in one of the arteries of the lungs and is potentially life-threatening. It is caused when a piece of a blood clot located elsewhere in the body breaks off and travels through the bloodstream and lodges in the artery, blocking blood flow. Risk factors include immobilization following surgery and long-distance travel.

Olive View physician and UCLA Geffen School of Medicine assistant clinical professor Jonathan Soverow, M.D., says the advanced therapy using lower-dose medication is targeted to patients with intermediate risk. Lower acuity patients can be effectively administered pills, and higher acuity patients require emergency interventions.

Findings from a recent research study of 59 patients at multiple hospitals found that in patients with pulmonary embolism at intermediate risk, an ultrasound-assisted, catheter-directed thrombolysis (USAT) regimen was superior to treatment with anticoagulation medication alone in reversing damage to the right side of the heart without an increase in bleeding complications within 24 hours.

Soverow says similar efforts are occurring nationwide.

“Multidisciplinary teams are starting to form across the country



The Olive View-UCLA Medical Center Pulmonary Embolism Response Team (PERT) pictured (left to right): Jonathan Soverow, MD, MPH (interventional cardiology), Ronney Shantouf, MD (interventional cardiology), Nader Kamangar, MD (Pulmonary).

and provide opportunities to improve outcomes for patients with few options. The catheter-directed medicine delivery improves function of the right side of heart over time and patients can leave the hospital much earlier.”

To date, Olive View has used the procedure with two cases and is the only cardiology service in DHS that has put a pulmonary embolism response team together to provide full assessment and consultative services to other DHS hospitals or receive patient transfers meeting criteria.

For further information, contact Dr. Jonathan Soverow at jsoverow@dhs.lacounty.gov.

Announcements

Donate Your Time to Hurricane Relief

As part of the Los Angeles County’s response to providing assistance to the victims of Hurricanes and Tropical Storms Harvey, Irma, and Maria, the Board of Supervisors has approved an ordinance to implement a disaster leave donation program. Under this program, employees can volunteer to donate up to 24 hours of paid leave to be converted to cash donation to one of three charities: The American National Red Cross, the Greater Houston Community Foundation, or The Salvation Army. All donations will be designated for hurricane relief.

To donate, employees must complete the [Disaster Leave Donation Form](#) and submit to their department payroll office or Auditor-Controller Shared Services for processing. The program will continue until November 30, 2018, to ensure that all donations are processed by December 31, 2018 or until donations reach \$2 million. For more information regarding the program, please [click here](#) or contact Maryanne Keehn of the Chief Executive Office at (213) 974-0470 or mkeehn@ceo.lacounty.gov.



American Red Cross



GREATER HOUSTON COMMUNITY FOUNDATION
Expanding Philanthropic Impact

LA County Charitable Giving Campaign

The mission of the LA County Charitable Giving Campaign is to help meet the needs of Los Angeles County residents. LA County employees can make a difference in the lives of those less fortunate with an ongoing charitable contribution at <http://employee.hr.lacounty.gov/charitable-giving-2/>.

Upcoming Events

- **Wednesday, December 6, 2017**, Rancho Los Amigos Mental Health First Aid Training. Bldg 500, Rm 96 from 7:30am-4pm. Registration required, limited seating available. [Click here for more information.](#)
- **Wednesday, December 6, 2017**, Annual Burial of County’s Unclaimed Dead – Evergreen Cemetery -10am.
- **Friday, December 8, 2017**, Christmas Caroling with the LA Opera at Harbor-UCLA. Patient and staff event only.
- **Saturday, December 16, 2017**, LAC+USC Annual Pediatric Patient/Family Holiday Party hosted by Spartan Truck. GH 1642 from 10am-1pm. Event includes gift giveaways to families. Invite only.
- **Thursday, December 21, 2017**, LAC+USC 4th Annual Teddy Bear Giveaway for Peds patients hosted by LAUSD School Police 10:30am-2pm.